CAP-MR/DD WAIVER TRANSITION
QUESTION AND ANSWERS # 8
AUGUST 10, 2005

TOPIC	QUESTION	RESPONSE
Service Definition-Residential Supports	Under the new waiver can respite be billed on the same day as residential supports?	Yes.
Service Definition-Residential Supports	If an adult consumer, living in a licensed AFL leaves the AFL Saturday morning at 10:00 and returns Sunday around 5-6 pm. What services can be billed? Will there be a half day rate to cover situations like this? Half the daily rate billed for the partial day in AFL and respite and/or community supports for hours outside the AFL??	See above response. In addition, if the consumer goes home for a visit on the weekend respite may not be billed since the draft Manual states that respite cannot be provided when the individual is home for the purpose of a family visit.
Service Definitions-Residential Supports	In response to the question about residential supports, will the CM have to re-do the entire plan of care on the new format or just complete the update/revision page on the new format? Specifically, if a consumer is living in a licensed group home and currently gets SL II and meets the criteria for Residential Supports II due to SNAP index score, will an entire new plan have to be done, or just the update/revision page completed providing justification?	Unless the transition to the new waiver occurs during the CNR month for the person, no one will have to have a complete new plan. The crosswalk clearly refers to Update.
Service Definitions-Residential Supports	If a consumer's plan crosswalks from 4 hours of Supported Living Periodic or Supported Living Level 1 to 4 hours of Home and Community Supports, does the revision page need to be signed by the consumer and/or legal guardian?	If it is a direct crosswalk with no increase in duration or frequency a plan revision is not required and therefore will not require a signature.
Service Definitions-Residential Supports	If an individual resides in a licensed group home, but an outside provider comes in and provides SL to that person in the community (outings, shopping, etc.), will those activities now become the responsibility of the Residential Provider?	Habilitative services in the community such as shopping, etc., are the responsibility of the Residential provider.
Service Definitions-	Is there a limit on the number of habilitative hours a school aged child can receive on school days **and** where is it addressed in the manual?	This will be addressed as changes are made to the Manual based on feedback received. However, the criteria currently in place for school age children will remain in place.

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Transition-Documentation	Can we be required to complete our case management progress notes twice; once on the LME electronic medical record (from which we cannot print) and again for our own agency medical record?	This is a local issue that must be resolved at the local level.
Transition-Documentation	Is it still required to submit a therapist letter of support and doctor orders (prescriptions) for Specialized Equipment and Supplies? There is no mention in the definition or elsewhere in the new manual.	Documentation requirements regarding Specialized Equipment and Supplies will not change with the new waiver. Refer to the current Service Records Manual for specifics.
Transition-Documentation	Is there any stipulation as to whether case managers do a monthly, bi-weekly, weekly or daily progress note? Can we use a running log such as the one in the Records Manual APSM 45-2.	Refer to current Service Records Manual for documentation requirements.
Transition-Plans of Care/Cost Summary	There is some confusion about the crosswalk in terms of what has to be done for consumers whose services are going to directly crosswalk to services under the new waiver. Some of us were thinking that: 1) A transition cost summary (and new service orders) had to be done on everyone 100% of the time, but no update page, consumer/guardian signature, or local approval had to be done for those that directly crosswalk to the new waiver. Others thought that: 2) Even for those cases when services directly crosswalk, an update page to the POC had to be completed and the consumer/guardian signature obtained along with the transition cost summary and service orders. Can you please clarify which is correct?	1. If only the service names change, update at least the Plan of Care with the new names and the Cost Summary. You will not need to use the entire new Plan of Care format until CNR time, although you will use the new Cost Summary form since rates have changed. Signatures not required although consumers/families must be informed. New service orders must be issued. 2. Plans will need to be REVISED and approved by the local approver if a brand new service is added (not just name change), or if the service duration or frequency changes. Use the new Plan Update form for REVISIONS and the new Cost Summary. New service orders must be issued. 3. Services that are unchanged and do not require local approval if only cross walked to the new waiver are:

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		Adult Day Health Individual/Caregiver Training PERS Personal Care (unless the person will be getting Enhanced which constitutes an increase) Supported Employment Transportation Equipment definitions 4. Services that are changed and require a REVISED Plan of Care plus local approval: Day Supports Enhanced PC and Respite Home and Community Supports for individuals moving from Day Hab to HCS. For individuals moving from SL to HCS, SL-periodic will crosswalk to equivalent amount of HCS. Crosswalk from daily SL to HCS will correspond to current SL hours. Residential Supports 5. New service orders must be written for all services due to name and rate changes. This information is consistent with the Consumer Crosswalk and to the trainings provided in the spring.
Transition-Plans of Care	Does the LME or Case Manager submit plans over $85,000 to the Division?	The local approver is responsible for submitting plans over $85,000 to the Division after local review.
Transition-Cost Summary	On the transition cost summary will the CAP services that were previously approved during the CNR year (i.e. waiver supplies/equipment and services that remained the same…SE, ADHC, Aug. Comm., etc.) be brought forward to the transition Cost Summary and will the "from date" also indicate 9/1/05 for these services?	The transition Cost Summary is only required to reflect waiver services from 9/1/05 to the CNR. All waiver services should be reflected on the Summary but only from 9/1 to the CNR date.

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Transition-Cost Summary	Since these cost summaries will not reflect the true allocation of CAP funds, because of the "from" date and the number of months calculated, will it be o.k. to not track the cost summaries (new waiver revisions) on our local data tracking form, but wait until the CNR is completed, which will give a more accurate cost?	Since the LME is responsible for monitoring and tracking waiver allocations this is up to the local LME.
Transition-Cost Summary	We have clients that need additional services on teacher work days and on school holidays. How do we put those hours on cost summary? In the past they were listed on the cost summary as annual with specifications noted on service authorization.	You may continue to enter this into the Cost Summary as an annual amount using the appropriate unit, with from and to dates for the year. Service orders must always correspond to the Plan of Care.
Transition-Cost Summary	Is it necessary to complete 2 cost summaries for the transition to the new waiver? (End the old waiver and star the new) Is it possible to consider the old cost summary dead as of 9/1/05 and make no changes to it, and begin the new cost summary effective 9/1/05 until the end of their CNR year?	No. Transition Cost Summary will only reflect the time period from Sept. 1 through CNR month. The current Cost Summary may need to be used as a reference for the time period up to Sept 1.
Transition-Local Approval	In the 7/21/05 QA, you answer a question about local approvers being able to complete the transition process by Sept 1st with: During this transition phase LMEs are encouraged to use other staff as needed to complete the process as quickly as possible. **Is the other staff required to be certified local approvers?**	No. **For transition only (until Sept. 1)**, the LME may use knowledgeable staff under the supervision of the local approver.
Transition-Local Approval	Are Utilization Review guidelines to be applied during the transition?	Utilization Review guidelines will be applied when the CNR is submitted for review during the birthday month or if there is a budget revision prior to the CNR that increases existing services or adds a new non-cross walked service.

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Transition-Local Approval	Are there any limitations regarding the combination of hours of Home and Community Supports and Personal Care one can receive **and** where is it addressed in the manual?	With implementation of the new waiver the Utilization Review guidelines are to be applied through the local approval process.
Transition-Cost Summary	The Annual CAP-MR Authorization column (item 17) on the Cost Summary is not equaling the Maximum Monthly Authorization (item 16) times 12. It is off several dollars in some cases and much more in other cases. How should we address this problem?	This is not a problem that needs to be corrected. The Cost Summary is not intended to be exact.
Transition-Psychological Requirements	For CAP consumers who have been receiving CAP services for many years, how often will a psychological be required? I understand that for Initial plans of care, it is required that children have a psychological within the last year and adults within the last 3 years. It is listed on the checklist (Appendix K) that it is a requirement to submit annually with CNR's but it is not specified how often they are required for children and adults already receiving CAP services.	This will be clarified in the Manual in response to feedback. A psychological evaluation must be available for all individuals within the developmental disability target population and must include a cognitive and adaptive behavior assessment. For children the psychological assessment must have been completed within the last year and for adults the psychological assessment must have been completed within the last three years. A licensed psychologist may determine that in some cases an older psychological evaluation is still valid. In these cases the full psychological evaluation can be submitted along with a concurrence from the psychologist indicating that the attached evaluation remains valid. In some cases where significant changes in cognitive and/or adaptive functioning have been noted a more current psychological evaluation may be required.
Transition-Local Approval	How many certified local approvers should there be at the LME for an average of 240 CAP consumers?	The draft Manual states that the LME is responsible for establishing and implementing the infrastructure that ensures compliance with all required timelines for authorization of Plans of Care activities, therefore it is up to the LME to determine the number of local approvers needed.

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Transition-Local Approval	When completing the revisions for the new waiver changes is it true that the CAP individual will not lose hours if they were previously approved for the hours (e.g. Respite 720 hours per year or over 120 hours of habilitative service per month), but this issue will be addressed during the individual's CNR?	Utilization Review guidelines are to be applied at CNR or the first Cost Revision after transition.